

Image# 12961014042

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**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

ORRINPAC

ADDRESS (number and street)

PO BOX 900427

☐ Check if different
than previously
reported. (ACC)

SANDY

UT

84090

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00235572

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

11

06

2012

in the
State of

UT

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

10

01

2012

through

10

17

2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer STANLEY R. DE WAAL

Signature of Treasurer

STANLEY R. DE WAAL

[Electronically Filed]

Date

10

25

2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ORRINPAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		01		2012

To:

M M	/	D D	/	Y Y Y Y Y
10		17		2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div>Y Y Y Y Y 2012</div>		<div>217861.97</div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div>201490.30</div>	
(c) Total Receipts (from Line 19)	<div>47000.00</div>	<div>347207.56</div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div>248490.30</div>	<div>565069.53</div>
7. Total Disbursements (from Line 31).....	<div>31042.12</div>	<div>347621.35</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div>217448.18</div>	<div>217448.18</div>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

ORRINPAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	1		2	0	1	2		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		1	7		2	0	1	2		

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

2500.00

43250.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

2500.00

43250.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

44500.00

263250.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

47000.00

306500.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

15707.56

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

25000.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

47000.00

347207.56

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

47000.00

347207.56

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	16042.12	96221.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	16042.12	96221.35
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	227000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	24400.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	31042.12	347621.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31042.12	347621.35

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	47000.00	306500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	47000.00	306500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	16042.12	96221.35
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	16042.12	96221.35

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. Michael Weinholtz

Mailing Address 958 Dartmoor Way

City

SALT LAKE CITY

State

UT

Zip Code

84103

FEC ID number of contributing
federal political committee.

C

Name of Employer

CHG Healthcare

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : 21023.C4160

Amount of Each Receipt this Period

2500.00

Receipt

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. AICPA PAC

Mailing Address **PALLADIAN CORPORATE CENTER**
220 LEIGH FARM RD

City State Zip Code
DURHAM NC 27707-8110

FEC ID number of contributing
federal political committee.

C C00077321

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

10 / 17 / 2012

Transaction ID : 21023.C4159

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

B. AMERICAN CHIROPRACTIC ASSOCIATION PAC

Mailing Address **1701 CLARENDON BLVD.**

City State Zip Code
ARLINGTON VA 22209

FEC ID number of contributing
federal political committee.

C C00102764

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

10 / 03 / 2012

Transaction ID : 21015.C4149

Amount of Each Receipt this Period

2500.00

Receipt

Full Name (Last, First, Middle Initial)

C. APMA PAC

Mailing Address **9312 Old Georgetown Rd.**

City State Zip Code
BETHESDA MD 20814-1621

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

10 / 11 / 2012

Transaction ID : 21015.C4151

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)..... ►

12500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. ASPCU PAC

Mailing Address 1101 Connecticut Ave. NW Ste 900

City State Zip Code
 WASHINGTON DC 20036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

10 / 11 / 2012

Transaction ID : 21015.C4150

Amount of Each Receipt this Period

3000.00

Receipt

Full Name (Last, First, Middle Initial)

B. CREDIT SUISSE SECURITIES (USA) PAC

Mailing Address 1201 F ST, NW, STE 450

City State Zip Code
 WASHINGTON DC 20004

FEC ID number of contributing
federal political committee.

C C00111559

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

10 / 17 / 2012

Transaction ID : 21023.C4158

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

C. FED OF AMERICAN HOSPITALS PAC

Mailing Address 750 9TH ST, NW, STE 600

City State Zip Code
 WASHINGTON DC 20001-4524

FEC ID number of contributing
federal political committee.

C C00002261

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

10 / 03 / 2012

Transaction ID : 21015.C4148

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

13000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. Honeywell International PAC

Mailing Address 101 Constitution Ave., NW, Ste 500

City State Zip Code
 WASHINGTON DC 20001

FEC ID number of contributing
federal political committee.

C C00096156

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

10 / **11** / **2012**

Transaction ID : 21015.C4153

Amount of Each Receipt this Period

1000.00

Receipt

Full Name (Last, First, Middle Initial)

B. JOHNSON & JOHNSON PAC

Mailing Address ONE JOHNSON & JOHNSON PLAZA

City State Zip Code
 NEW BRUNSWICK NJ 08933-7204

FEC ID number of contributing
federal political committee.

C C00010983

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / **03** / **2012**

Transaction ID : 00416.C3225

Amount of Each Receipt this Period

1000.00

Receipt

Full Name (Last, First, Middle Initial)

C. MASSACHUSETTS MUTUAL LIFE INS. CO-PAC

Mailing Address 1295 STATE ST

City State Zip Code
 SPRINGFIELD MA 01111

FEC ID number of contributing
federal political committee.

C C00118943

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

10 / **03** / **2012**

Transaction ID : 21015.C4145

Amount of Each Receipt this Period

3000.00

Receipt

SUBTOTAL of Receipts This Page (optional)..... ►

5000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. MERCK EMPLOYEES PAC

Mailing Address 601 PENNSYLVANIA AVE, NW,
NORTH BLDG, STE 1200

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing
federal political committee.

C C00097485

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

10 / **03** / **2012**

Transaction ID : 21015.C4147

Amount of Each Receipt this Period

2500.00

Receipt

Full Name (Last, First, Middle Initial)

B. REALTORS PAC

Mailing Address 430 N. MICHIGAN AVE

City State Zip Code
CHICAGO IL 60611

FEC ID number of contributing
federal political committee.

C C00030718

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

10 / **15** / **2012**

Transaction ID : 21015.C4157

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

C. THE FINANCIAL SERVICES ROUNDTABLE PAC

Mailing Address 805 15TH STREET NW., SUITE 600

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing
federal political committee.

C C00193177

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

10 / **03** / **2012**

Transaction ID : 21015.C4146

Amount of Each Receipt this Period

1500.00

Receipt

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

9000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. ZIONS BANCORPORATION PAC

Mailing Address 180 NORTH UNIVERSITY AVE STE 300

City State Zip Code
 PROVO UT 84601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 11 2012

Transaction ID : 21015.C4154

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

44500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 13

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. WILLIAM B. CANFIELD

Mailing Address 1900 M STREET, NW, STE 500

City WASHINGTON	State DC	Zip Code 20036-
--------------------	-------------	--------------------

Purpose of Disbursement
Legal fees

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2012

Transaction ID : 21023.E2466

Amount of Each Disbursement this Period

15000.00

LEGAL FEES

Full Name (Last, First, Middle Initial)

B. NORTH CAPITOL STREET ENTERPRISES

Mailing Address 400 N. CAPITOL ST, NW, STE 585

City WASHINGTON	State DC	Zip Code 20001-
--------------------	-------------	--------------------

Purpose of Disbursement
Office rent and phone

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2012

Transaction ID : 21023.E2464

Amount of Each Disbursement this Period

1042.12

OFFICE RENT AND PHONE

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

16042.12

16042.12

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. UTAH REPUBLICAN PARTY

Mailing Address 117 EAST SOUTH TEMPLE

City	State	Zip Code
SALT LAKE CITY	UT	84111-

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2012

Transaction ID : 21023.E2465

Amount of Each Disbursement this Period

15000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15000.00

15000.00
